

City of New York
Health Benefits Program
Frequently Asked Questions for Retirees

How do I Enroll for Health Benefits upon Retirement?

After receiving written verification of your retirement date from your pension system, or your agency benefit representative, you must obtain a *Health Benefits Application (ERB2000)* from your agency's benefits office. This application is to be completed in its entirety by you AND certified by your agency's health benefits officer. The ERB2000 can then be forwarded to The Health Benefits Program located at 40 Rector Street, 3rd Floor, NY, NY 10006, by either your agency or yourself for processing (please allow 2-3 weeks for processing). Incomplete or uncertified applications will be returned to you unprocessed. Your health coverage as a retiree will be effective your date of retirement. If your *Health Benefits Application* is not submitted to the Retiree Health Benefits Program within 31 days of your date of retirement, this constitutes a late enrollment, except in the case of a disability retirement. As such, your effective date of health coverage as a retiree will be the first day of the month following the submission of your application.

Special Note: If at any time after you submit an ER2000, you either rescind your retirement, or change your date of retirement, you must go to your agency and ask the health benefits representative to complete an EB-1054 form, which should indicate the change(s), requested. The form is then to be forwarded to this office by the health benefits representative. Failure to do so can delay your enrollment as a retiree, or reinstatement of your coverage as an active City employee.

Do I Have to Submit an ERB2000 if I am Waiving Coverage at the Time of Retirement?

If you wish to waive your health coverage at the time of your retirement, you MUST complete an ERB2000 and check "Waive Benefits" at the top of the application. If after your retirement you wish to obtain health coverage through the City, to apply, you must obtain an ERB2000 from the Health Benefits Program. The effective date of your coverage will be the first day of the month following a 90-day waiting period (this waiting period is waived if you are applying for coverage as a result of losing other coverage).

How do I Enroll for Health Coverage upon Retirement if my Spouse or I are Eligible for Medicare?

Prior to your date of retirement, if you and any of your dependents are eligible for Medicare, you should contact the Social Security Administration and file for Medicare benefits. If you are enrolled in an HMO at retirement and wish to remain in the same health plan, the Medicare-eligible person must obtain a special enrollment application directly from the health plan. The special application must be submitted directly to the health plan prior to your date of retirement. A copy of the special enrollment application must accompany your ERB2000 along with a copy of your Medicare card or Medicare Award Letter. If you enroll in a Medicare Supplemental Plan, a copy of your Medicare card or Medicare Award Letter must accompany your ERB2000. **Delays in submitting the necessary documentation and applications may have an affect on the effective date of your coverage as a retiree.**

Special Note: If you are eligible for Medicare at the time of your retirement, you may transfer your health plan. Also, please be advised that not all health plans accept Medicare enrollments and some Medicare HMOs may not be available in your area. Please call your health plan directly for further information.

What do I do if my dependent, or I, Become Eligible for Medicare After Retirement?

When you or one of your dependents becomes eligible for Medicare at age 65 (and thereafter) or through special provisions of the Social Security Act for the Disabled, your first level of health benefits is provided by Medicare. The Health Benefits Program provides a second level of benefits intended to fill certain gaps in Medicare coverage. In order to maintain maximum health benefits, it is essential that you join Medicare Part A (Hospital Insurance) and Part B (Medical Insurance) at your local Social security office **AS SOON AS YOU BECOME ELIGIBLE.** If you do not join Medicare, you will lose whatever benefits Medicare would have provided. The City's Health Benefits Program supplements Medicare but does not duplicate benefits available under Medicare. Medicare-eligibles must be enrolled in Medicare Parts A and B in order to be covered by a Medicare HMO plan. **In order to remain in an HMO, you must complete a special enrollment application with your health plan.**

What if my Health Plan does not Cover Persons Eligible for Medicare?

You must transfer to another health plan at retirement or prior to becoming Medicare-eligible after retirement.

How do I Add/Drop Dependents from my Health Plan after Retirement?

Changes in your family status may make it necessary, or desirable, for you to change your type of health coverage (e.g. family to individual). Changes in coverage do not happen automatically. You must obtain an ERB2000 from the Health Benefits Program and submit the form within 31 days of the event necessitating the change in coverage. In the event of the death of a dependent, you must submit a copy of the Death Certificate. In the event of a divorce, you must submit a copy of the page(s) of your divorce decree that notes the effective date of the divorce. Coverage for dependent children terminates at age 19, unless they remain full-time students. Full-time students can remain on your coverage until the end of the year of their 23rd birthday, or graduation, which ever occurs first. If your dependent is not a full-time student at the age of 19, you must submit an ERB2000 to drop him/her from your coverage.

Special Note: The effective date of termination is the date of death and the date of divorce (Please be advised that the City of New York does NOT pro-rate health benefit premiums).

What if My Dependent(s) Become Ineligible for Coverage?

The Federal **Consolidated Omnibus Budget Reconciliation Act** of 1985 (COBRA) requires that the City offer employees, retirees and their families the opportunity to continue group health and/or welfare fund coverage in certain instances where the coverage would otherwise terminate. The monthly premium will be 102% of the group rate. All group health benefits, including Optional Riders, are available. The maximum period of coverage for dependents of retirees is 36 months. Under the law, the retiree or family member has the responsibility of notifying the Health Benefits Program and the applicable welfare fund within 60 days of the death, divorce, domestic partnership termination, or of a child's losing dependent status. COBRA packages containing detailed information and an application can be obtained from the Health Benefits Program. **Once completed, COBRA applications must be submitted directly to your health plan.**

When can I Transfer My Health Plan?

Retiree transfer periods occur every *even* numbered year. However, the Health Benefits Program may implement a special transfer period if significant changes occur in a health plan. In such cases, the Health Benefits Program will notify you in writing. Listed below are qualifying events that allow you to transfer plans without having to wait for a transfer period:

- You move into, or out of, a health plan service area
- Your health plan is no longer servicing your area
- You or your dependent become Medicare-eligible and your health plan will not cover the Medicare-eligible person(s)
- Use your "Once in A Lifetime" option (you must be retired *one year* to use this option)
- At retirement, provided you are Medicare-eligible

Special Notes: If you are transferring out of a Medicare HMO voluntarily, you must disenroll from your health plan in writing, directly to your health plan (or complete a disenrollment application at your local Social Security Administration office). If both you and your dependent are enrolled in a Medicare HMO, separate disenrollment letters are required. If you transfer *into* a Medicare HMO, separate applications are required. **When enrolling in a Medicare HMO, you should identify yourself as a City of New York retiree.**

Who Should I Notify if I change My Address?

- The City of New York Health Benefits Program (must be in writing)
- Your Health Plan
- Your Union welfare fund
- Your pension system

What is the Medicare Part B Reimbursement Program and how do I enroll?

The City will reimburse retirees and their dependents for a portion of the monthly premium for Medicare Part B, as well as dependents enrolled on Medicare disability. You must notify the Health Benefits Program in writing immediately upon receipt of your or your dependent's Medicare card. Once the Health Benefits Program is notified, our database is updated and you are automatically enrolled in the Medicare Part B reimbursement program.

Special Note: The Medicare Part B reimbursement is issued each August for the prior calendar year (January through December). You will only receive the reimbursement for the period of time that you were enrolled on Medicare Part B and covered by a City of New York health plan. **Retirees who reside outside of the United States are NOT eligible for the Medicare Part B reimbursement since Medicare is not your primary insurer.**

Are City of New York Employees Eligible for the Medicare Part B Reimbursement?

City of New York employees are eligible for the Medicare Part B reimbursement provided they waive their City of New York health benefits and elect Medicare as their primary insurer.

How Will You Pay for Your Optional Rider (or Basic Health Coverage if Applicable)?

Deductions for Optional Rider and Basic Health coverage (if applicable) are deducted directly from your pension check. After retirement, it may take considerable time before health plan deductions are taken from a retiree's pension check. **Health coverage is continuous throughout the period in which there are no deductions.** When deductions do begin, retroactive deductions are made to pay for coverage during the period from retirement to the time of the first deduction. Subsequent pension checks will contain the normal monthly cost for your health coverage as well as a portion of the retroactive amount owed. Retroactive premium payments cannot exceed \$35 in addition to the regular per month deduction.

What do I do if I am Having Incorrect Health Insurance Deductions?

If you are having incorrect deductions taken from your pension check for health coverage, you **must** notify the Health Benefits Program in writing within 31 days of the discrepancy. Corrections will be made as quickly as possible after notification. Incorrect deductions will be refunded to you directly from the health plan. You may be asked to submit photocopies of pension check stubs (or quarterly statements for those with direct deposit) as proof of incorrect deductions. It is advised that you retain ALL pension check stubs and quarterly statements for your records.

Special Note: Medicare-eligible retirees enrolled in Medicare HMO Plans will receive enhanced prescription drug coverage from the Medicare HMO if their union welfare fund does not provide prescription drug coverage, or does not provide coverage deemed to be equivalent, as determined by the Health Benefits Program, to the HMO enhanced prescription drug coverage. The cost of this coverage will be deducted from the retiree's pension check. **Eligibility for the enhanced prescription drug coverage is determined automatically and cannot be elected or dropped by the retiree.**

When Do Premiums Change for Health Benefits?

There are two different times when premiums typically change for retiree health benefits: January and July. Medicare HMOs are governed by State and Federal laws that require that they implement their new premiums January 1 (which is reflected in your January 31 pension check). All other plans submit their new premiums in accordance with the City of New York fiscal year, which commences July 1 (which is reflected in your July 31 pension check).

When Should I Call/Write/Visit the Health Benefits Program?

- For questions regarding deductions for health benefits taken from your pension check
- To obtain applications to make changes to your coverage such as adding/dropping dependents, adding/dropping the optional rider, waiving health coverage and to change plans (excluding Medicare HMOs which require a special application from the plan)
- To obtain information and an application for COBRA benefits
- To change your address (you must also notify your health plan, union welfare fund and pension system)
- For notification of your enrollment on Medicare
- For questions regarding Medicare Part B reimbursements
- If your health coverage has been terminated by your health plan (call your plan first)
- If a dependent has been terminated by your health plan (call your plan first)

When Should I Contact my Health Plan?

- If you have ANY questions regarding covered services
- To obtain written information about covered services
- For claim allowances (How much will my plan pay towards a claim?) or Certificates of Insurance
- For information about the status of pending claims or claims disputes
- If your health coverage has been terminated by your health plan
- If a dependent has been terminated by your health plan
- For health plan service areas and Primary Care Physicians (PCP)
- To obtain a special application to enroll in a Medicare HMO

When Should I Contact my Union/Welfare Fund?

For information about:

- Prescription drug coverage (if applicable)
- Eyeglass coverage
- Dental benefits
- Life insurance (if applicable)